ANTILLES EMPLOYEES' CREDIT UNION
(CO-OPERATIVE) SOCIETY LTD.

YOUTH DEVELOPMENT PROGRAMME

The Antilles Employees Credit Union Youth Development Programme (YDP) visits schools within the South West Region to offer its services to all youth from **birth** to **eighteen (18)** years of age. This Programme aims to encourage youth in the habit of saving and to promote all-round development.

PROCEDURES ONE MUST ADHERE TO:

1. To become a member, one must pay a registration fee of **thirteen ($13.00)** dollars.

2. All registration forms must be returned signed by a **Parent/Guardian** and accompanied by the registration fee. Additional sums must be sent to start your savings.

3. Antilles offers two savings accounts: **Deposit and Shares accounts**. A Shares account earns Dividends and can help you grow your savings. The Deposit account allows you to access to funds at any time for withdrawals.

4. Loans are available to YDP members to the value of their Shares at an interest rate of **1% on the reducing balance**.

5. All transactions of members under the age of eighteen (18) must be authorized in writing by the Parent/Guardian. This includes loans, withdrawals, transfers, and account closures.

6. At age **eighteen (18)**, members can update their accounts to the Adult membership, where greater benefits can be derived.

7. For more information or enquiries, you can:
   a. Visit the Credit Union office Monday to Friday from 8:00 am – 4:00 pm.
   b. Visit the Officers at your School on their visit each week.
   c. Contact us via telephone at **221-9685, 217-3030/5935** or WhatsApp at **781-6463.**

NB – Please Attach:

- Your **child's Birth Certificate**.

- Any combination of **two (2)** of the following:
  - **National Identification Card**
  - **Driver's Permit**
  - **Passport**
  - **Your Birth Certificate**

- Address verification via a recent **Utility bill aged three (3) months or less**.

- Evidence of Income via **a recent Job letter** or **most recent Payslip** for the parent **OR business registration documents** *(if self-employed)*.

ANTILLES EMPLOYEES' CREDIT UNION
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FORM 1 - APPLICATION FOR MEMBERSHIP

(PLEASE TYPE OR COMPLETE IN BLOCK LETTERS)

SECTION 1 – PERSONAL INFORMATION

SURNAME: .....

FIRST NAME: .....

MIDDLE NAME (S): .....

MAIDEN NAME: .....

DATE OF BIRTH: ..... DD/MM/YYYY **PLACE OF BIRTH:** .....

COUNTRY OF BIRTH: .....

NATIONALITY: .....

ID INFORMATION: ID#..... DP#.....
PASSPORT#..... PIN.....

GENDER: ( ) MALE ( ) FEMALE

MARITAL STATUS: ( ) SINGLE ( ) MARRIED
( ) WIDOW(ER) ( ) DIVORCED
( ) SEPARATED ( ) OTHER

ADDRESS TYPE: ( ) RESIDENT ( ) NON-RESIDENT

COUNTRY OF RESIDENCE: .....

DWELLING TYPE: ( ) OWN ( ) RENT
( ) BOARD ( ) OTHER

HOME ADDRESS: .....
.....

MAILING ADDRESS *(IF DIFFERENT FROM HOME ADDRESS)*
.....
.....

CONTACT INFORMATION MOBILE NO: ..... ALTERNATE NO: .....

EMAIL ADDRESS: .....

SECTION 2 - SPOUSE'S INFORMATION

PROOF OF MARRIAGE: ..... DD/MM/YYYY **PLACE OF MARRIAGE:** .....

SPOUSE SURNAME: .....

MAIDEN NAME (if applicable):
.....

SPOUSE FIRST NAME: .....

NATIONALITY: .....

IS SPOUSE A MEMBER? YES ( ) NO ( )

SECTION 3 - FOREIGN NATIONAL

NAME OF FOREIGN BANK: .....

ACCOUNT NO: .....

ADDRESS OF FOREIGN BANK: .....

BANK CONTACT#: .....

TYPE OF FINANCIAL INSTITUTION: ( ) CREDIT UNION ( ) BANK
( ) OTHER

TYPE OF REFERNCE RECEIVED: .....

AUTHORITY TYPE: .....

SECTION 4 – EMPLOYMENT INFORMATION

EMPLOYER/COMPANY NAME: .....

COMPANY ADDRESS: .....

JOB TITLE/OCCUPATION: .....

WORK CONTACT#: .....

DATE OF EMPLOYMENT: .....
DD/MM/YYYY

EMPLOYMENT STATUS:

( ) PERMANENT
( ) TEMPORARY
( ) CONTRACT
( ) CASUAL
( ) SELF EMPLOYED UNEMPLOYED
( )
( ) RETIRED

FREQUENCY OF EMPLOYMENT:

( ) MONTHLY
( ) FORTNIGHTLY
( ) WEEKLY
( ) DAILY

SOURCE OF INCOME

( ) WAGES
( ) SALARY
( ) BUSINESS
( ) PERSONAL

EVIDENCE OF EMPLOYMENT:

( ) JOB LETTER
( ) PAYSLIP
( ) OTHER
(PLEASE SPECIFY).....
( ) CONTRACT
( ) NIS/PENSION STATEMENT ETC.

SECTION 5 - FINANCIAL OBLIGATION REGULATION

ARE YOU A REGISTERED BUSINESS OWNER? ( ) YES ( ) NO

IF YES, ( ) BENEFICIAL ( ) OTHER LEGAL ARRANGEMENT

REGISTERED NAME OF BUSINESS: .....

REGISTRATION NO: .....

REGISTERED ADDRESS OF BUSINESS: .....

BUSINESS CONTACT NO: .....

BUSINESS EMAIL ADDRESS: .....

SECTION 6 (a) – IF APPLICANT IS A MINOR (UNDER 16 YEARS)

PARENT/GUARDIAN'S FULL NAME: .....

DATE OF BIRTH: .....

ID INFORMATION: ID#..... DP#.....

(2 FORMS OF IDs) PASSPORT#..... PIN.....

PARENT/GUARDIAN'S ADDRESS: .....

PARENT/GUARDIAN'S PLACE OF WORK: .....

PARENT/GUARDIAN'S JOB TITLE: .....

RELATIONSHIP TO APPLICANT/MINOR

( ) Parent
( ) Legal Guardian
( ) Other (specify)

AUTHORISATION FOR OPERATION OF A MINOR'S ACCOUNT: The persons indicated below are hereby duly authorized to make withdrawals or access credit facilities on this account and on behalf of the applicant who is a minor.

NAME OF PARENT/GUARDIAN: .....

AUTHORISED PERSON ON ACCOUNT:

FULL NAME.....

SPECIMEN SIGNATURE OF AUTHORIZED PERSON

.....

RELATIONSHIP TO MINOR: .....

GENDER ( ) MALE ( ) FEMALE

ID INFORMATION (2 FORMS OF IDs):

ID#..... DP#.....

PASSPORT#..... PIN#.....

AUTHORISED PERSON ON ACCOUNT:

FULL NAME.....

SPECIMEN SIGNATURE OF AUTHORIZED PERSON

.....

RELATIONSHIP TO MINOR: .....

GENDER ( ) MALE ( ) FEMALE

ID INFORMATION: ID#..... DP#.....
(2 FORMS OF IDs) PASSPORT#..... PIN#.....

SECTION 6 (b) – IF APPLICANT IS A STUDENT

SCHOOL NAME: .....

SCHOOL ADRESS: .....

FORM/CLASS/YEAR: .....

COURSE OF STUDY .....

SECTION 6 (c) – IF APPLICANT PARENT OR GUARDIAN IS A POLITICALLY EXPOSED PERSON, PLEASE FILL OUT FORM 2.

SECTION 7 - DECLARATION

Are you a member of another Credit Union? ( ) Yes ( ) No

Are you currently serving on the Board of a Credit Union? ( ) Yes ( ) No

I hereby apply for membership in Antilles Employees Credit Union Co-operative Society Limited, and, if admitted, I agree to conform to the Bye Laws or amendments thereof of the said Society, and pledge to offer my skills towards further growth of the Credit Union.

I further declare that all information provided and contained herein is true and correct to the best of my knowledge.

( ) *Please select if you are signing on behalf of Applicant who is a minor (See Section 6).*

Specimen Signature of Applicant

.....

Witness (Credit Union Official Only)

Name:.....

Title/Position:.....

Date:.....

Signature:.....

SECTION 8 – NOMINATION OF BENEFICIARY

BENIFICARY NAME (1): .....

ID INFORMATION(2 FORMS OF IDs): ID#..... DP#.....

PASSPORT#..... PIN.....

BENEFICIARY'S HOME ADDRESS: .....

CONTACT INFORMATION HOME TEL. NO: ..... MOBILE NO: .....

EMAIL ADDRESS: .....

RELATIONSHIP TO APPLICANT: .....

BENIFICARY NAME (2): .....

ID INFORMATION: ID#..... DP#.....
(2 FORMS OF IDs) PASSPORT#..... PIN.....

BENEFICIARY' HOME ADDRESS .....

CONTACT INFORMATION HOME TEL. NO: ..... MOBILE NO: .....

EMAIL ADDRESS: .....

RELATIONSHIP TO APPLICANT: .....

I understand in the event of my death, if I do not name a beneficiary, the proceeds of this account will be paid into my Estate and distribute according to the Succession Act 1981 of Trinidad and Tobago. I further declare that all information given herein is true and correct to the best of my knowledge.

....

Signature of Applicant Date

The Co-operative Societies Act Chapter 81:03 states: A society shall subject to Section 30 and unless prevented by order of a Court of competent jurisdiction and in conformity with Section 41 (3) (as amended via Section 8 of Act No. 23 of 2019 cited as Finance Act, 2019) pay to such nominee or legal personal representative, as the case may be, a sum not exceeding fifty thousand dollars ($50,000.00) due to the deceased member from the Society. All other monies due to the deceased member from the Society shall fall into his estate and be subject to all respects of the laws relating to inheritance including the requirements to pay estate duty.

SECTION 9 – RECOMMENDER/MARKETING DATA

Recommender must be a member of Antilles Employees Credit Union (Co-operative) Society Limited in good standing.

NAME: …… **Signature:** ……

ACCOUNT NO: …… **PHONE NO:** …… **ID/DP/PP** ……

Relationship of Recommender to Applicant

( ) Board/Committee Member ( ) Friend ( ) Spouse

( ) Credit Union Staff ( ) Co-worker ( ) Other

……

SECTION 10 – MEMBER DUE DILIGENCE

Referenced against UN2253 List	( ) Yes	( ) No
Referenced against NCCT List	( ) Yes	( ) No
T&T Consolidated List of Court orders	( ) Yes	( ) No
Background Checks	( ) Yes	( ) No

Proof of Address Utility Bill ( ) Yes ( ) No

( ) WASA Bill ( ) Telephone Bill ( ) T&TEC Bill

( ) Cable Bill ( ) Bank Statement ( ) Other

Proof of Income/Employment ( ) Yes ( ) No

( ) Job Letter ( ) Payslip ( ) Business Registration ( ) Other

( ) Financial Statements

SECTION 11 – FOR OFFICIAL USE ONLY

The membership number noted on this APPLICATION FORM IS THE NUMERICAL REFERENCE throughout Antilles Employees Credit Union records and would be used for any transactions thereafter. This Application for Membership is approved by the Board of Directors of Antilles Employees Credit Union Credit Union Co-operative Society Limited on this ……day of……., 20……..

MSR SIGNATURE: …… **DATE:** ……

COMPLIANCE OFFICER: …… **DATE:** ……

SECRETARY: …… **DATE:** ……

PRESIDENT: …… **DATE:** ……

ASSIGNED MEMBERSHIP #: ……

DATE POSTED: ……

ASSIGNED ANTILLES ONLINE ID #:……

DATE ISSUED: ……

ANTILLES EMPLOYEES' CREDIT UNION
(CO-OPERATIVE) SOCIETY LTD.

FORM 2 – POLITICALLY EXPOSED PERSONS (P.E.P)

In accordance with the Proceeds of Crime Act 2000 (as amended) and the Financial Obligations (amendment) Regulations 2014, Regulation 20(3), there is an obligation for Financial Institutions to undertake Enhanced Member Due Diligence on clients who are classified as a PEP. As defined by these acts and adopted within the Co-operative Society AML/CFT Programme, a PEP shall be considered as an individual who is or has been entrusted with a prominent function either locally or in a foreign country.

Please tick if you fall into any of these categories:

Are you an **INDIVIDUAL**, in Trinidad and Tobago or a Foreign Country or a **Close Personal / Professional Associate** of:

Head of State or Government	YES ( )	NO( )
Senior Politicians	YES ( )	NO( )
Senior Government Official	YES ( )	NO( )
Senior Judicial Official	YES ( )	NO( )
Senior Military Officials	YES ( )	NO( )
Senior Executives of State-owned Corporations	YES ( )	NO( )
Important Political Party Officials	YES ( )	NO( )
Persons who are or have been entrusted with a prominent function by an international organization which refers to members of senior management in these organizations (UN, OAS, IADB, ILO, CFATF)	YES ( )	NO( )
Immediate Family Member of individuals described above [Spouse, Parents, Siblings, Children & children of the Spouse of that person]	YES ( )	NO( )
Are you publicly known or actually known to the relevant financial institution to be a close a personal or professional associate of the persons referred to in **any of the above.**	YES ( )	NO( )

If you have answered YES to any of the above, please provide details

_____

_____

…….. ……..

Member's signature Date (DD/MM/YYYY)

Letter of Authorization from Utility Bill Owner

Date: _____

The Manager
Antilles Employees' Credit Union (Co-operative) Soc. Ltd.
Vessigny Village
LA BREA

Dear Madam,

I, _____, confirm that _____
(Name of person on Utility Bill) (Account Holder)

is my _____ and resides at the address stated on the attached _____
(Relationship) (Type of Bill)

utility bill in my name for the past _____ years/months.

_____
SIGNATURE

ID/DP/PP# _____

(Please provide copy of ID stated above)